

voluntary incentives under the Healthy Americans Act, not heavy-handed mandates. Under the Healthy Americans Act, there is no national nanny established under the legislation to watch who is hitting the snack food bowl.

What this legislation says is—let's make it more attractive for people to stay healthy, to change their behaviors, to promote the kind of wellness practices we all know about but somehow don't seem to find time to actually get done in our hectic schedules.

Finally, and most importantly, the Healthy Americans Act does not harm those who have coverage in order to help those who do nothing. The legislation makes clear that all Americans retain the right to purchase as much health care coverage as they want. All Americans will enjoy true health security with the Healthy Americans Act, a lifetime guarantee of coverage at least as good as their Member of Congress receives.

Most American families will obtain this coverage with either their premiums reduced from what they pay today or for less than a dollar a day more. That can all be seen in the Lewin chart as No. 10 at my Web site. In addition, all Americans benefit from the reduced administrative costs the legislation produces, the insurance reforms, and, of course, the new focus on prevention.

I am now going to explain briefly how care for the poor is handled under the Healthy Americans Act and why this is good for both low-income people and taxpayers. This is especially important in light of a recent article in the health policy journal, "Health Affairs."

This article points out that more than half of the Nation's uninsured are ineligible for public programs such as Medicaid, but do not have the money to purchase coverage for themselves.

At present, for most poor people to receive health benefits, they have to go out and try to squeeze themselves into one of the categories that entitles them to care. So what we have, Mr. President, in Virginia, in Oregon, and elsewhere, is citizens trying to crunch themselves into one of these boxes, one of these categories that might make them eligible for health care in Virginia or Oregon.

As former Oregon Gov. John Kitzhaber has noted, there are more than 20 different categories of Medicaid. Administering all of this takes funds, in my view, that ought to be spent caring for poor folks in America.

Under the Healthy Americans Act, low-income people will receive private health coverage, coverage that is as good as a Member of Congress gets, automatically. Like everyone else, they will sign up through the exchange in their State. When they are working, the premiums they owe are withheld from their paycheck. If they lose their job, there is an automatic adjustment in their withholding.

In addition, under the Healthy Americans Act, it will be more attractive for

doctors and other health care providers to care for the poor. Those who are now in underfunded programs, such as Medicaid, are going to be able to have private insurance that pays doctors and other providers commercial rates which are traditionally higher than Medicaid reimbursement rates.

Because low-income children and the disabled are so vulnerable, if Medicaid provides benefits that are not included in the kind of package Members of Congress get, then those low-income folks would be entitled to get the additional benefits from the Medicaid program in their State.

I am now going to explain how Medicare is strengthened by the Healthy Americans Act.

As the largest Federal health program, Medicare's financial status is far more fragile than Social Security. Two-thirds of Medicare spending is now devoted to about 5 percent of the elderly population. Those are the seniors with chronic illness and the seniors who need compassionate end-of-life health care. The Healthy Americans Act strengthens Medicare for both seniors and taxpayers in both of these areas.

In addition to reducing Medicare's outpatient premiums for seniors who adopt healthy lifestyles and reduce the prospect of chronic illness, primary care reimbursements for doctors and other providers get a boost under the Healthy Americans Act. Good primary care for seniors also reduces the likelihood of chronic illness that goes unmanaged. This reimbursement boost is sure to increase access to care for seniors—and I see them all over, in Oregon and elsewhere—who are having difficulty finding doctors who will treat them.

To better meet the needs of seniors suffering from multiple chronic illnesses, the Healthy Americans Act promotes better coordination of their care by allowing a special management fee to providers who better assist seniors with these especially important services.

Hospice law is changed so that seniors who are terminally ill do not have to give up care that allows them to treat their illness in order to get hospice. In addition, the Healthy Americans Act empowers all our citizens wishing to make their own end-of-life care decisions.

The legislation requires hospitals and other facilities to give patients the choice of stating in writing how they would want their doctor and other health care providers to handle various end-of-life care decisions.

The tragic case of the late Terri Schiavo came before the Senate before the distinguished Presiding Officer of the Senate had joined this body, but I was particularly struck during that debate and afterwards how strongly the American people feel about making sure that the patient and not Government gets to drive all of the decisions surrounding their end-of-life care.

Under the Healthy Americans Act, that would be the norm rather than the exception.

In writing this legislation, I spent a lot of time looking back—looking back literally over 60 years—since Harry Truman tried to fix health care in the 81st Congress in 1945. I tried to make sure, particularly, that the lessons of 1994 were ones the Senate would pick up on and make sure that the same mistakes were not committed again.

For example, in 1994, the last time this Senate considered fixing health care, the principal piece of legislation before the Senate was 1,369 pages long. The Healthy Americans Act posted at my Web site saves a lot of Oregon trees by coming in about 1,200 pages shorter.

In 1994, getting to universal coverage was, in effect, put before securing the savings to responsibly finance an expansion of coverage. The Healthy Americans Act, as noted in the Lewin report, generates billions of dollars in savings in the first year as the legislation is implemented.

In 1994, the principal method of financing universal coverage was an employer mandate. The Healthy Americans Act requires no such employer mandate, provides financial relief for employers competing in tough global markets, and still ensures that every business takes some measure for financing health care in a way that is going to allow those businesses to be competitive in tough global markets. In 1994, there was never a coalition of employers, union leaders, and patient advocates behind a specific piece of legislation. Now, Andy Stern, president of the 1.8 million-worker Service Employees International Union; Steve Burd, CEO of Safeway with more than 200,000 workers, patient advocates representing various points of view, and employers of all sizes have joined behind the Healthy Americans Act.

There is also a moral question I would like the Senate to consider. Given what I have just outlined, how can this Senate justify denying all Americans health care coverage as good as Members of Congress receive? The Lewin report proves it can be done—proves it can be done without spending more money than the country spends now and, in fact, can be done saving more than \$4 billion in the very first year.

There is a model for putting reforms in place: the system enjoyed by all the Senators serving in this body today. Fixing health care under the Healthy Americans Act will reduce administrative hassle and expense and allow all our citizens finally—finally—to go to bed at night without fear of losing essential medical care.

I want 2007 to be the year when the Senate, as well as the various State governments, step up on health care. The States deserve our support, but they cannot possibly remedy the health problems created by Federal leaders in this city more than 60 years ago. The Senate can provide this remedy. Here on this floor, the Senate can